

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1801	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  06/27/2011
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF CROSSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 853	1200-8-6-.08(23) Building Standards  (23) A negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.  This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the negative air pressure  The findings include:  Observation of the laundry room on 6/27/11 at 1:18 PM, revealed the dryer room had had no negative air pressure in the room.  This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/27/11.	N 853	N 853  A. What corrective action(s) will be accomplished for those residents found to have been affected: On 7/13/11 an electrical company evaluated air pressure in dryer room for repairs to be completed by 8/3/11.  B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?  By 7/21/11 the Executive Director will complete education with Director of Environmental Services and Maintenance Assistant on negative air pressure requirements.  C. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur?  The Director of Maintenance/Maintenance Assistant/Director of Environmental Services will conduct a monthly observation audit of laundry facility for three months to ensure negative air pressure is maintained in soiled linen area and positive air pressure is maintained in clean linen area. Corrections will be made as needed.  D. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.  Results of air pressure audit will be reviewed by Executive Director, Medical Director, Director of Nursing, Director of Marketing, Pharmacist, Director of Admissions, Director of Social Service, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, Director Maintenance, Business Office Manager, Health Information Manager, and Staff Development Coordinator in Monthly QA meeting and corrections made as needed.	8/3/2011	8/3/2011

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Executive Director

7/15/11

STATE FORM

6599

H8H621

If continuation sheet 1 of 1